

Board of Certification of Operators of Drinking Water Supply Facilities
Division of Registration
1000 Washington Street • Suite 710
Boston • Massachusetts • 02118-6100

Request for Exam Training Course Application
(one application per course)

Request for Exam Training Course Application

Information:

Name of Individual/Organization: _____

Address: _____

Name of Person Requesting Approval: _____

Day Phone # _____ FAX _____ E-MAIL _____

Type of Organization: ☐ Accredited College or University (complete Section A)
☐ IACET Certified Organization (complete Section B)
☐ Other _____ (complete Section C)

Training Course: ☐ Basic Distribution
☐ Basic Treatment
☐ Advanced Treatment

Course Location _____

Dates of Course _____

Instructor's Name: _____

Address: _____

Qualifications (or attach resume):

This box for Board use only.

Date Received	Evaluated By	Date Evaluated	Board Approval	Number of TCHs	Board File Number

Section A

- ☐ The course outline showing that the training course meets curriculum specified in Board Policy 2010-01 – Attachment A, B, or C
- ☐ A copy of the requirements for satisfactory completion of the course (performance and attendance).

Section B

- ☐ The course outline showing that the training course meets curriculum specified in Board Policy 2010-01 – Attachment A, B, or C
- ☐ A copy of the requirements for satisfactory completion of the course (performance and attendance).
- ☐ A copy of an IACET Authorized Provider Certificate.

Section C

- ☐ The date and location of the training and a description of the training facility.
- ☐ The course outline showing that the training course meets curriculum specified in Board Policy 2010-01 – Attachment A, B, or C
- ☐ A copy of the instructional material showing the skills and knowledge that the learner will be able to demonstrate following completion of the training.
- ☐ A list of any audiovisual to be used, such as videotapes, slides, slide/tape presentation, films and overheads.
- ☐ The name, address, and background information or resume of the instructor(s) which shows the instructor's competence in the subject matter, understanding of the purposes and intended learning outcomes of the training, and ability to communicate the training content at an appropriate level.
- ☐ The name and affiliation of a proctor, if a proctor is used. A proctor must be a person affiliated with and identified by an organization involved in the water supply related field. The organization must have an educational unit or arm which is recognized and/or approved by the Board for conducting training.
- ☐ A copy of the certificate of completion being issued to the attendees containing but not limited to the following information: attendees' name; name of course; course identification number; date the course was held; name of the course instructor; name of the cosponsoring or sanctioning organization, if applicable; and name and affiliation of proctor.
- ☐ The number of TCHs to be issued, if TCHs are requested.
- ☐ A copy of all handouts or course material.
- ☐ A written policy on maintaining records must be provided showing the record keeping criteria of the organization conducting the training and issuing credits towards operator certification renewal.
- ☐ A copy of the evaluation form, which measures the quality of the training.

- ☐ Requirements for satisfactory completion of the training must be established in writing. Participants should be informed of the requirements for satisfactory completion prior to their participation. The requirements must be based on a combination of performance and attendance. Attendance requirements must be at least 80 percent and shall be documented by attendance rosters or sign-in sheets. Only those who meet the specified requirements shall be deemed to have satisfactorily completed the training course.

The completed application, including all supporting documentation, must be submitted to the Board at the following address at least ninety (90) days prior to the proposed training:

Board of Certification of Operators of Drinking Water Supply Facilities
Division of Professional Licensure
1000 Washington Street, Suite 710
Boston, MA 02118-6100

If you have questions, please contact Paul Niman at 617-556-1166 or by email at paul.niman@state.ma.us